



2017 Expanding Research Partnerships: State of the Science

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State-Based Surveillance and Public Health Practice: Michigan Hospital and Emergency Department Surveillance System

Michigan reviews the physician's history and physical on all patients treated in the 136 Michigan hospitals (including Veteran's Administration hospitals) for amputations, burns, crushing injuries and skull fractures regardless of the payment source. There were 5,686 work-related amputations identified from 2006-2015, 11,810 work-related burns identified from 2009-2015, 3,143 work-related crushing injuries from 2013-2015, and 1,341 work-related skull fractures from 2012-2015.

The Bureau of Labor Statistics (BLS) annual employer survey identifies smaller numbers; 41% of the amputations, 37% of the burns, 43% of the crushing injuries and 47% of the skull fractures identified in Michigan's system. Workers' compensation is identified as the payer for 82% of the work-related amputations, 72% of the work-related burns, 56% of the work-related crushing injuries and 60% of the work-related skull fractures.

Michigan OSHA conducts follow back enforcement inspections on the injuries and the injuries are compiled into annual reports and hazard alerts. Approximately 80% of the companies inspected received a citation directly related to the injury and 60% of the time the hazard that caused the injury was not abated at the time of the inspection, even though the inspection occurred months after the injury.

The Michigan surveillance system has provided a more complete picture of occupational injuries than that provided by the annual BLS employer survey and/or the Michigan Worker Compensation Agency Data. In addition, Michigan's hospital/emergency department surveillance system has allowed for case based enforcement inspections that have proved useful in identifying ongoing hazards and sufficient information on the specific type and causes of injuries to allow for development of educational material to prevent similar injuries in the future.